

Authorization to Release Information

As an applicant for the position of *Multi Service Officer* with the *City of Hollister Police Department*, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials which have been sealed or agreed to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I hereby acknowledge that I have been advised that the records or information contained therein may be considered confidential under Penal Code Section 832.7 and therefore subject to discovery or disclosure only pursuant to a notice motion under Evidence Code Section 1043. By signing this authorization, I hereby waive any and all rights to have any record or records or information contained therein discovered or disclosed only by a noticed motion pursuant to Evidence Code Section 1043 and hereby authorize the disclosure of all records to which, as an employee, the undersigned would have or did have access.

I understand that I will not receive and am not entitled to know the contents of confidential reports received, and I further understand that these reports are privileged.

This release will expire 60 days after the date signed.

I hereby release, discharge, exonerate the Central Coast Investigative Services their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records, and other information, and this release shall be binding on my legal representatives, heirs and assigns.

A photocopy of this release is to be considered as valid as an original.

Name: _____

Signature

SSN: _____

Print

DOB: _____

Date: _____

Driver's License: _____